



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**DATAMASTER MAINTENANCE REPORT**

BREATH ALCOHOL PROGRAM

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

DATAMASTER SN <b>170038</b>	DATE OF INSPECTION <b>5-29-09</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>Marionville MO</b>	TIME OF INSPECTION <b>1858</b>

**CHECKLIST:** Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <b>48</b> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER

☒ INDICATOR LIGHTS

☒ TIME AND DATE

☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) **33.98**

☒ CALIBRATION CHECK -

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE  
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE  
(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <b>.99</b>	TEST 2 <b>.100</b>	TEST 3 <b>.101</b>
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☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	(0-.04) <b>0</b>	(.05-.09) <b>0</b>	(.10-.14) <b>0</b>	(.15-.19) <b>0</b>	(OVER .19) <b>0</b>
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

**60th jobs** lot # **08340** EXP. **10-15-09**  
**% BAC .100**

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME <b>Charles Myrick</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>820297 10-15-10</b>	TELEPHONE NUMBER <b>(660) 562-1254</b>



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI

BAC DATAMASTER SERIAL NUMBER 970038  
05/29/09

TESTING OFFICER:  
MYRICKCHARLESH  
OFFICER I.D.: 803  
PERMIT NUMBER: 820297  
EXPIRATION DATE: 10/15/10  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	18:37
INTERNAL STANDARD	VERIFIED	18:37
EXTERNAL STANDARD	.099	18:38
BLANK TEST	.000	18:39
EXTERNAL STANDARD	.100	18:39
BLANK TEST	.000	18:40
EXTERNAL STANDARD	.101	18:41
BLANK TEST	.000	18:41

N = 3  
STM. = .1  
AVG. = .1

OPERATOR SIGNATURE

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI

BAC DATAMASTER SERIAL NUMBER 970038  
05/29/09

ARREST TIME: 09:00  
SUBJECT NAME:  
MONTHTEST  
DOB: 09/09/89 SEX: M  
STATE/D.L.: MO/NA  
ARRESTING OFFICER:  
MYRICKCHARLESH  
OFFICER I.D.: 803  
TESTING OFFICER:  
MYRICKCHARLESH  
OFFICER I.D.: 803  
PERMIT NUMBER: 820297  
EXPIRATION DATE: 10/15/10  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	18:58
INTERNAL STANDARD	VERIFIED	18:58
RADIO INTERFERENCE		

OPERATOR SIGNATURE

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI

BAC DATAMASTER SERIAL NUMBER 970038

05/29/09

18:16

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

HEATERS  
SAMPLE CHAMBER: 48c

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

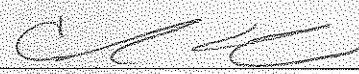
QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGH  
IJKLMNOPQRSTUVWXYZ[\]^\_`abcdefgghijklmnop  
qrstuvwxyz{|}~

OPERATOR SIGNATURE



Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



CHARLES MYRICK

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

**DATAMASTER**

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 10/15/08  
Number **820297**  
Expires 10/15/2010

*John J Mathewson*

Director of State Public Health Laboratory

Director, Department of Health

MO 560-0771 (7-88)

Lab. 4 (R7-88)